

# State of California

## Employee Assistance Program

### The Debt Danger Quiz

Yes	No	Place an "X" in the box that best reflects your answer.
<input type="checkbox"/>	<input type="checkbox"/>	1. Is your credit card debt more than 10% of your NET annual income?
<input type="checkbox"/>	<input type="checkbox"/>	2. Is an increasing percent of your income going to pay debts?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you paying bills with money earmarked for something else?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you use one credit card to pay off another?
<input type="checkbox"/>	<input type="checkbox"/>	5. Are you tapping into savings to pay current bills?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have a six-month savings cushion?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are you making <u>only</u> the minimum payments on your credit cards?
<input type="checkbox"/>	<input type="checkbox"/>	8. Is your debt load affecting your health, family life, sleep, eating or drinking habits?
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you know the interest rate that you are paying on your credit cards?
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you have more than three credit cards?
<input type="checkbox"/>	<input type="checkbox"/>	11. Are you at or near the limit on your credit cards?
<input type="checkbox"/>	<input type="checkbox"/>	12. Are you constantly "card-hopping" to get a "better deal"?
<input type="checkbox"/>	<input type="checkbox"/>	13. Are you taking out a new loan to pay the old one? (e.g., refinancing the house to pay off credit card debt)
<input type="checkbox"/>	<input type="checkbox"/>	14. Are you unsure about how much you owe?
<input type="checkbox"/>	<input type="checkbox"/>	15. Are you and your spouse / partner honest with each other about your debts?
<input type="checkbox"/>	<input type="checkbox"/>	16. Are you habitually late in paying your bills?
<input type="checkbox"/>	<input type="checkbox"/>	17. Are you considering "debt consolidation"?
<input type="checkbox"/>	<input type="checkbox"/>	18. Have you considered bankruptcy?
<input type="checkbox"/>	<input type="checkbox"/>	19. Have you been threatened with: <input type="checkbox"/> Repossession of your car <input type="checkbox"/> Cancellation of your credit cards <input type="checkbox"/> Bill collection <input type="checkbox"/> Other financial action

If you placed an "X" in the Yes column on question 6, congratulations, you are doing well.

However, if you placed an "X" in the Yes column on any of the other questions, you might want to contact your EAP at (866) EAP-4SOC or (TDD) (800) 327-0801 to request a free financial consultation.

